

Access and Flow

Measure - Dimension: Efficient

Indicator #1	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Rate of ED visits for modified list of ambulatory care-sensitive conditions* per 100 long-term care residents.	O	Rate per 100 residents / LTC home residents	CIHI CCRS, CIHI NACRS / October 1st 2022 to September 30th 2023 (Q3 to the end of the following Q2)	12.37	12.00	1. The home expects to continue to perform below the provincial average.	NP Stat, Southbridge Nurse Practitioner, Medical Director

Change Ideas

Change Idea #1 Education on improving registered staff assessment skills and fully implementing SBAR communication tool.

Methods	Process measures	Target for process measure	Comments
Southbridge NP/ Corporate Educator/DOC to provide education to registered staff on clinical assessments, planning interventions and evaluation of resident conditions, Critical Thinking, and SBAR communication. Staff to complete SBAR notes with every significant change. Educate staff on what constitutes as a significant change in health status.	100% of Registered staff to receive education on Assessment of skills, planning interventions and evaluation of resident conditions, Critical Thinking, and SBAR communication. 100% of significant change assessments will have an SBAR note associated when reviewing the monthly report. 100% of staff educated on what a significant change of health status is.	100% of registered staff to complete SBAR Education. August 31 2024	

Change Idea #2 Data Review of all ED transfers using tracker; identify any trends such as time of day, diagnosis, process for potential in house treatment, early detection, equipment

Methods	Process measures	Target for process measure	Comments
Continue to use the hospital transfer tracking tool and review by the quality team during monthly quality meetings to identify trends.	Tracker to be reviewed and discussed at 100% of monthly CQI Meetings.	Tracker reviewed at 100% of CQI Meetings. February 28 2025	

Change Idea #3 Utilization of Southbridge Nurse Practitioner to review residents prior to transfer to hospital, when in house. After hours, Registered staff will consult with on-call physician prior to transfer.

Methods	Process measures	Target for process measure	Comments
Educate staff on the role of the Nurse Practitioner and physicians in the home. Ensure there is a review of the residents' conditions before transfer to the hospital.	100% of staff educated on the role of the nurse practitioner and 100% of transfers during NP hours to be done in collaboration with the NP.	100% of registered staff will be educated on the role of NP and physicians and 100% of transfers during NP hours completed in collaboration with the NP or physician on call. December 31, 2024	

Change Idea #4 Support early recognition of residents at risk for ED visits. by providing preventive care and early treatment for common conditions leading potentially avoidable ED visits. Discussion with residents and families, about role of NP's in LTC.

Methods	Process measures	Target for process measure	Comments
Educate residents and families about the benefits of and approaches to preventing ED visits. Continue with implementation of "My Wishes" Program and Advanced care planning	The number of residents whose transfers were a result of family or resident request. . The number of ER transfers averted monthly.	100% of staff will be educated on "My Wishes" program and Advanced care planning, and Quarterly communication to residents and family through the home newsletter. Starting April 2024. 100% compliance is expected by December 31 2024	

Equity

Measure - Dimension: Equitable

Indicator #2	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of staff (executive-level, management, or all) who have completed relevant equity, diversity, inclusion, and anti-racism education	O	% / Staff	Local data collection / Most recent consecutive 12-month period	CB	100.00	Through education, the home expects to have an increased understanding of this criteria over the next 6 months	Surge Learning Education

Change Ideas

Change Idea #1 To improve overall dialogue of diversity, inclusion, equity and anti-racism in the workplace;

Methods	Process measures	Target for process measure	Comments
Training and/or education through Surge education or live events	% of staff educated on Culture and Diversity	100% of staff educated on Culture and Diversity. December 31 2024	

Change Idea #2 To increase awareness and diversity training through Surge education or live events;

Methods	Process measures	Target for process measure	Comments
Introduce diversity and inclusion as part of the new employee onboarding process, through surge education. Cultural Diversity to be added as standing agenda at townhall meetings. Activation department to introduce cultural diversity special events.	# of new staff educated on Culture and Diversity, # of culturally diverse special events, # of Town Hall meetings where cultural diversity is discussed	100% of new staff educated on Culture and Diversity. 100% of townhall meetings will take place as scheduled with a focus on cultural diversity by December 31 2024	

Change Idea #3 To include Cultural Diversity as part of CQI meetings and all departmental meetings as standing agenda item

Methods	Process measures	Target for process measure	Comments
Monthly CQI Meeting and all departmental meetings to have agenda item on Cultural and Diversity that is discussed at every meeting.	# of monthly CQI meetings and departmental meetings that have addressed cultural and diversity as part of the standing agenda.	Cultural and Diversity discussed at 100% of CQI Meetings and Departmental meetings. February 28 2025	

Experience

Measure - Dimension: Patient-centred

Indicator #3	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of residents who responded positively to the statement: "I can express my opinion without fear of consequences".	O	% / LTC home residents	In house data, interRAI survey / Most recent consecutive 12-month period	83.33	85.00	Our aim is to improve this target from previous year and exceed the corporate average.	OARC, Elder abuse Ontario

Change Ideas

Change Idea #1 Engage residents' council members and /or non resident council members in various committees, i.e.; CQI, medication management

Methods	Process measures	Target for process measure	Comments
Committee leads to encourage residents to participate in meaningful discussions to ensure their voices and input can be heard and taken into consideration	# of residents participating in committees	100% of committees requiring residents as part of their membership will have resident representation. 100% of compliance is expected by July 31/24	Total Surveys Initiated: 60 Total LTCH Beds: 60

Change Idea #2 Hold Quarterly Town Hall Meetings

Methods	Process measures	Target for process measure	Comments
Executive Director will provide a regular forum for all residents in general to express ideas/concerns	# of quarterly town halls in year. # of resident attending each town hall meeting	Town hall meetings will take place Quarterly - Starting April 2024. 100% compliance is expected. December 31 2024	

Change Idea #3 Provide education to residents and families on the Resident Bill of Rights and prevention of abuse.

Methods	Process measures	Target for process measure	Comments
Program Director to provide educational sessions throughout the year, including education for the resident and family council.	# of educational sessions , # of residents and family member attending educational sessions	100% of scheduled educational sessions will occur. Target date: December 31/24	

Change Idea #4 Addition of Resident Rights into Weekly Team Huddles to educate staff on the residents rights, Continue with resident rights agenda item for residents council. Emphasis will be placed on resident right #29. "Every resident has the right to raise concerns or recommend changes in policies and services on behalf of themselves or others to the following persons and organizations without interference and without fear of coercion, discrimination or reprisal, whether directed at the resident or anyone else";

Methods	Process measures	Target for process measure	Comments
Add resident right #29 to standing agenda for discussion on monthly basis by program Manager during Resident Council meeting. Re-education and review to all staff on Resident Bill of Rights specifically #29 at weekly team huddles and monthly departmental meetings	100% of all department standing agendas will have Residents' Bill of Right #29 added, for review by meeting lead. 100% of all staff will have education via department meetings on Resident Bill of Rights #29. 100% of resident Council meeting will have Residents' Bill of Right #29.	100% of staff and residents educated on Bill of Rights #29. December 31 2024	

Safety

Measure - Dimension: Safe

Indicator #4	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC home residents who fell in the 30 days leading up to their assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	18.60	15.00	Align with Corporate target	RNAO, CareRX Pharmacy, NP Stat, Southbridge Nurse Practitioner

Change Ideas

Change Idea #1 Review the RNAO GAP Analysis report, once available and implement action plan for any gaps identified

Methods	Process measures	Target for process measure	Comments
Falls team to meet and review the RNAO Gap Analysis once it is available and develop an action plan for each unmet target.	An action plan to be created and fully implemented for 100% of gaps identified in the RNAO Analysis	100% of unmet targets on the RNAO GAP analysis to have an action plan in place by August 31 2024	

Change Idea #2 Consider Medications as a root cause of falls

Methods	Process measures	Target for process measure	Comments
Residents who have triggered the falls Key performance indicator for a fall will have a referral sent to the pharmacy to complete a medication review by the falls team committee, if not reviewed over the last year. Team to develop a tracking tool to track when these have occurred	% of triggered residents who have a completed medication review, at least once per year.	100% of residents who are identified under the falls indicator, will have a completed medication review by June 30/24	

Change Idea #3 Implement 4P's with purposeful rounding.

Methods	Process measures	Target for process measure	Comments
Re- introduce the 4 P's (pain, positioning, prompted voiding, personal items) program into Purposeful rounding where the intention is to check the residents for 4P's at routine intervals. All staff to be educated on Purposeful Rounding and 4P's. Monthly Audits to ensure completed appropriately.	Monthly Auditing of Purposeful rounding will show 100% compliance by the end of 2023. It is expected that our fall performance will decrease with this interventions	100% of compliance with purposeful rounding & decline in falls QI to at least 15% by December 31 2024	

Change Idea #4 Implement Falls Prevention Model - BEEACH as an additional falls prevention tool.

Methods	Process measures	Target for process measure	Comments
<p>Number of residents the home whom the BEEACH model has been implemented for . B- Behaviour Change – a common goal of all strategies, targeting interventions to client’s readiness for change E- Education – provide regular communication and education with clients, family, caregivers and staff E- Equipment – promote appropriate use of mobility aids and assistive devices E- Environment - Assessment of the home environment and any modifications aims to enhance accessibility, safety and performance of daily living. A-Activity - Promote & encourage physical and social activity C- Clothing and Footwear - Ensure appropriate support and fit for risk reduction H- Health Management - Encourage regular medical assessments/referrals, medication reviews, vision tests, bone health, healthy nutrition and hydration and chronic disease management. To be implemented as part of the monthly falls committee team.</p>	<p>% of residents who have triggered the QI for fall within the last 30 days will have a BEEACH review</p>	<p>100% of residents who have triggered the QI for fall within the last 30 days will have a BEEACH review</p>	

Measure - Dimension: Safe

Indicator #5	Type	Unit / Population	Source / Period	Current Performance	Target	Target Justification	External Collaborators
Percentage of LTC residents without psychosis who were given antipsychotic medication in the 7 days preceding their resident assessment	O	% / LTC home residents	CIHI CCRS / July 2023–September 2023 (Q2 2023/24), with rolling 4-quarter average	12.50	12.00	Continue to work on reducing this target that was successfully met in previous year	PASE Team, NP Stat, Southbridge Nurse Practitioner, Medical Director, Attending Physicians

Change Ideas**Change Idea #1** Ensure appropriate diagnosis of psychosis for residents with psychotic symptoms

Methods	Process measures	Target for process measure	Comments
RAI Coordinator to consult with MD regarding residents who are being coded with psychotic symptoms who do not have a diagnosis to determine if diagnosis of psychosis is appropriate	# of residents with psychotic symptoms who receive a diagnosis of psychosis or other psychotic class diagnosis.	100% of residents with psychotic symptoms will be referred to MD for diagnosis consideration. February 28 2024	

Change Idea #2 Medication Review with significant change assessment

Methods	Process measures	Target for process measure	Comments
Referrals to be send to the pharmacist for all residents with a significant change in status to determine if antipsychotic medications continue to be an appropriate intervention	% of significant change assessments that have a completed medication review after the significant change.	100% of all registered nursing staff, physicians, and NP to be educated on the deprescribing algorithm. August 31 2024	

Change Idea #3 Educate Registered Staff/NP/MDs on deprescribing algorithm

Methods	Process measures	Target for process measure	Comments
Deprescribing Algorithm to be discussed during nursing practice meetings and at Profession Advisory Committee meetings until a time that all nurses and doctors have received the education.	% of registered nursing staff and physician's educated.	100% of all registered nursing staff, physicians, and NP to be educated on the deprescribing algorithm. August 31 2024	

Change Idea #4 Launch Antipsychotic Reduction Interdisciplinary Initiative during Responsive Expression Monthly Meetings

Methods	Process measures	Target for process measure	Comments
The Interdisciplinary will work collaboratively to decrease the use of antipsychotic medication for residents who do not have a diagnosis of psychosis. This will improve the resident's quality of life and reduce associated side effects. Once all the baseline assessments are completed, the team will proceed with in-person meetings to analyze the data and proposed interventions collaboratively. The meetings :, monthly cycles: resident reviews will be discussed at a minimum monthly. This time frame will allow for the proposed interventions to take effect and inform responsible decision making that will support continuity and momentum. In instances where medication effects are not expected to be appreciated within 1 month, the team can choose to review at the two month mark. The team will utilize the antipsychotic reduction initiative as a tracking tool of residents on antipsychotic medications.	Analysis % - decrease number of residents on antipsychotic medications without a psychotic diagnosis	100 % of the residents on AP without a psychotic diagnosis will be part of this initiative. Target date : May 30 2024	